

Complaints

If you feel that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer verbally or in writing, using the contact information provided below.

Hancock Public Health
7748 County Rd. 140
Findlay, Ohio 45840

Shannon Chamberlin - Privacy Officer
Phone: (419)-424-7441
Fax: (419) 424-7189
E-mail: schamberlin@hancockpublichealth.com

You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Under no circumstances will you be penalized or retaliated against for filing a complaint.

Hancock Public Health

7748 County Rd. 140
Findlay, Ohio 45840

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Fax (419) 424-7189

Notice of Privacy Practices Summary

Hancock Public Health



This privacy notice describes our privacy practices that relate to your protected health information. It also describes your rights to access and control your protected health information in some cases. Your "**protected health information**" means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

Who will follow this notice?

Hancock Public Health (HPH) provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- ◆ Any health care professional who treats you at the HPH-sponsored locations.
- ◆ All divisions of HPH.
- ◆ All employed associates, staff or volunteers of HPH.
- ◆ Any business associate or partner of HPH with whom we share health information.

Our Pledge to You

We understand that medical information about you is personal and we are committed to protecting that medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by HPH staff or your person doctor. We are required by law to:

1. Keep your health information private and only disclose it when required to do so by law;
2. Explain our legal duties and privacy practices in connection with your health records;
3. Obey the rules found in this notice;
4. Inform you when we are unable to agree to a requested restriction that you have given us;
5. Accommodate your reasonable request for an alternative means of delivery or destination when sending your health information;
6. We will notify you if a breach of unsecured Public Health Information has affected you.

Changes to this Notice

We may change our Privacy Policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our Privacy Policies, we will post the new notice in a prominent place within our facility and have it available on our website. You will be asked to acknowledge in writing your receipt of this notice. You can receive a copy of the current notice or policy at any time.

How we may use and disclose medical information about you

We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This would include information for **treatment** such as sending medical information about you to a specialist as part of a referral or entering immunization data into a secure immunization registry. Your PHI may be used, as needed to obtain **payment** for services that we provide such as when we bill your health insurance provider. We may also share your information to support our health care **operations** such as quality assurance activities.

We may use or disclose medical information about you without your prior authorization for several other reasons. These include abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. Your PHI may be used for public health purposes such as community health surveillance, investigation or tracking. We may also contact you for appointment reminders or other health related benefits or services that may be of interest to you.

We may disclose medical information about you to a friend or family member who is involved in your medical care, or to disaster relief authorities so that you family can be notified of your location and condition.

Other uses of medical information

- ◆ You may request that we not release PHI if you personally pay out of pocket for a service, except as required by law.
- ◆ In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. This includes PHI used for marketing purposes.

Your Rights

You have the **right to inspect** or obtain a copy of your medical information, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision. Your request will be processed within 30 days of submission. Under federal law you may not inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding.

You have the **right to request that we correct the records** by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the **right to an accounting of all disclosures** of your PHI made by this facility, other than for treatment, payment, health operations or where you specifically authorized a disclosure when you submit a written request. This request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought. We are not required to provide an accounting for a disclosure that took place prior to April 14, 2003. The first disclosure list request in a 12 month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

You have the **right to a paper copy of this notice**. Upon request, we will provide a separate paper copy of this notice.

You have the **right to request restrictions on uses and disclosures** on medical information we use or disclose about you for treatment, payment or health care operations. This request must be in writing to the Privacy Officer. We will consider your request but we are not legally required to accept it.

You have the **right to request that medical information about you be communicated to you in a certain way**. We will accommodate reasonable requests made in writing to our Privacy Officer.